STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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| | | | | 00L 2 1 2011 |
|--|--|------------------------|--|-------------------------------|
| 1. Name of Lobbyist(s) | Kathy Corey F | ox | | NEW HAMPSHIRE |
| 11. Name of lobbyist's p | artnership, firm or co | rporation, if any: | | DEPARTMENT OF STATE |
| Bianco Profess | sional Association | | | |
| | of partnership, firm or cor | poration) | | |
| 18 Centre Stre | eet | Concord | NH | 03301 |
| Business Address: (Stree | 1) | (Town/City) | (State) | (Zip Code) |
| (603 <u>225-7170</u> (Telephone) | (603) | 226-0165 (Fax) | e-mail kcorey | fox@biancopa.com |
| 111. This statement covereportable expense train | | | | ay file a separate report for |
| [] All reportable transac | ctions occurring in the r | months prior to the | reporting date relative to the | e following client: |
| <u>OR</u> | Full Name of Client as it a | appears on the Lobby | ist Registration Form) | |
| | | ncluding the lobbyi | st's family), or the lobbying | g firm listed below which are |
| - | April 26, 2017 from date of registration | to 3/31/17 | July 26, 2017 X activity from 4/1/17 to 6/30/17 | , |
| | October 25, 2017 [1] tivity from 7/1/17 to 9/30/ | 17 | January 31, 2018 [] activity from 10/1/17 to 12/31 | /17 |
| | | | ansactions made since t ecretary of State's Office, S | |
| VI. Check if additional | reports are attached: | | | |
| If you have received | fees or made expenditu | ires, you must file | Addendum A Fees and E | xpenses |
| If you have paid an I Expense Reimbursement | | ed expenses, you n | nust file Addendum B - Re | port of Honorariums or |
| If you, your firm, or | your family has made [| political contribution | ons, you must file Addendu | ım C- Political Contributions |
| Sworn Statement/Affir I have read RSA 15, RS, and complete to the best | A 15-B, RSA 14-C and | | by swear or affirm that the | foregoing information is true |
| H. Island | -AX | | 07/07/2017 | |
| (Signature of lobbyist) | | | (Da | te) |
| Kathy Corey Fox | | | | |
| (Print Name of lobbyist |) | • •• | | |

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| II. Name of lobbyist's pa | - | - | |
|---|---|---------------------------|---|
| | essional Association | | |
| | | | |
| III. Name of Client | | | Date 07/07/2017 |
| Political Contributions | | | |
| | ution that is reportable | nursuant to RSA Chan | eter 664 paid on behalf of the |
| client/lobbyist and lobbyi | | | net of para on cenan of the |
| | | e | |
| | | | |
| | D " | 5 | |
| Full name of candidate: _ | Prescott | Russ | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ _ | 100.00 | Office Candidate i | s Seeking Senate |
| If the contribution is an in.k | ind contribution provide | a description of the good | ds or services provided, and enter th |
| | | | |
| | | | |
| | | | (Middle Name/Initial) |
| Full name of candidate: | (Last Name) | (First Name) | |
| Full name of candidate: | (Last Name) | (First Name) | |
| Full name of candidate: Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co | (Last Name) Lind contribution, providentribution on the line abo | (First Name) | (Middle Name/Initial) ds or services provided, and enter the |
| Full name of candidate: Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co | (Last Name) Lind contribution, providentribution on the line abo | (First Name) | |
| Full name of candidate: Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co | (Last Name) Lind contribution, providentribution on the line abo | (First Name) | (Middle Name/Initial) ds or services provided, and enter the |
| Full name of candidate: Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co | (Last Name) Lind contribution, providentribution on the line abo | (First Name) | (Middle Name/Initial) ds or services provided, and enter the |
| Full name of candidate: Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co | (Last Name) Lind contribution, providentribution on the line abo | (First Name) | (Middle Name/Initial) ds or services provided, and enter the |
| Full name of candidate: Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co | (Last Name) Lind contribution, providentribution on the line abo | (First Name) | (Middle Name/Initial) ds or services provided, and enter the |
| Full name of candidate: _ Amount of contribution \$ _ If the contribution is an in-k | (Last Name) Lind contribution, providentribution on the line abo | (First Name) | (Middle Name/Initial) ds or services provided, and enter the |

| ne actual cost is not known, |
|------------------------------|
| n C forms.) |
| |
| |
| e foregoing information |
| |
| |
| 07/07/2017 |
| (Date) |
| |
| |
| |